



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
RCRA ACTIVITIES
P.O. BOX A3587
CHICAGO, ILLINOIS 60690

ATTN: ROBERT B. MANCINI
MUELLER BRASS CO.
1925 LAPEER AVE.
PORT HURON, MI
48060

5/16/89

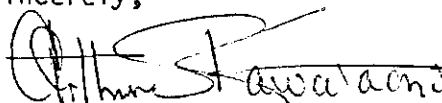
RE: EPA ID #: MID005357504

In response to your request of 5/89 the following information
has been updated:

DO01 AND F003 HAS BEEN UPDATED ON INSTALLATION. #

If you have questions, please contact Sharon Kiddon at (312)886-6173.

Sincerely,


Arthur S. Kawatachi
Information Section
RCRA Program Management Branch

cc: State Agency
File



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

JUN 03 1982

Mr. William Roll
Mueller Brass Company
1925 Lapeer Avenue
Port Huron, Michigan 48060

RE: Interim Status Acknowledgement
FACILITY NAME: Mueller Brass Company

USEPA ID No. MID005357504

Dear Mr. Roll:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

cc: Mr. Donald E. Kullander

Yes
6/3/82

PS Form 3811, Jan. 1979

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.		
1. The following service is requested (check one.) <input type="checkbox"/> Show to whom and date delivered.....¢ <input type="checkbox"/> Show to whom, date and address of delivery.....¢ <input type="checkbox"/> RESTRICTED DELIVERY Show to whom and date delivered.....¢ <input type="checkbox"/> RESTRICTED DELIVERY. Show to whom, date, and address of delivery.\$ ____ (CONSULT POSTMASTER FOR FEES)		
2. ARTICLE ADDRESSED TO: Roll William 1925 Lapeer Ave Port Huron, Mi 48060		
3. ARTICLE DESCRIPTION: REGISTERED NO. CERTIFIED NO. INSURED NO. 313523		
(Always obtain signature of addressee or agent)		
I have received the article described above. SIGNATURE <input type="checkbox"/> Addressee <input type="checkbox"/> Authorized agent Muelles Rags Co. C. Rags Co.		
4. DATE OF DELIVERY	POSTMARK 1861 OCT 13 PORT HURON	
5. ADDRESS (Complete only if requested)		CLERK'S INITIALS [Signature]
6. UNABLE TO DELIVER BECAUSE:		



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

OCT 13 1981

Mueller Brass Co.
William Roll, Dir. of Eng.
1925 Lapeer Ave.
Port Huron, MI 48060

RE: Hazardous Waste Permit Application-Incomplete Part A (M10005357504)
Facility Name (and EPA ID number)
Facility Address

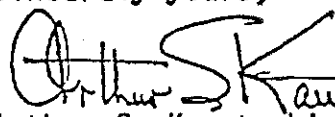
We have completed our review of your Part A RCRA permit application for the facility referenced above. The application was incomplete; therefore, we are returning it to you along with a checklist which indicates the missing items. Please complete all missing items marked with an asterisk (*) on the application form, and return the form in time to reach this office by November 13, 1981. All other missing items marked on the checklist should be completed and may be forwarded to this office under separate cover by December 14, 1981.

All of these items are necessary in order for the U.S. Environmental Protection Agency to determine whether your facility qualifies for interim status. Once you receive interim status, your facility may continue operating under the interim status standards until such time as a Part B application is requested by USEPA. At that time, you will have up to six months to submit the Part B portion of the application and to show that you comply with the final detail technical standards.

Please note that some of your original entries on the forms may be changed. We have coded your forms to accommodate key punching for subsequent computer processing; all of our coding was done in blue ink only.

If you have any questions or wish to discuss the missing items on the checklist, please feel free to contact Allen Debus, the reviewer of your application, at (312) 886-6162 or me at (312) 886-7449.

Sincerely yours,


Arthur S. Kawatachi
Regional Project Officer

Enclosure

P.S. All missing items marked with an asterisk must be submitted to us with a cover letter signed by the appropriate certifying official (Item XIII on Form 1 and/or Item IX and X on Form 3) or his duly authorized representative.



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• MID005357504 REACKNOWLEDGEMENT

MUELLER BRASS CO
1925 LAPEER AVE
PORT HURON

MI 48060

INSTALLATION ADDRESS

1925 LAPEER AVE
PORT HURON

MI 48060



U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

NAME OF INSTALLATION

INSTALLATION MAILING ADDRESS

LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

000238 AUG 12 80

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

MID005357504

A

800812

I. NAME OF INSTALLATION

Mueller Brass Co

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

1925 Lapeer Ave

CITY OR TOWN

Port Huron

ST.

ZIP CODE

Mi 48060

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

Same

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

Roll William Director of Eng

313-987-4000

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

Mueller Brass Co

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

MID005357504

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

MID005357504

I.D. - FOR OFFICIAL USE ONLY

S	W	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
MID005357504													T/A	C		
													1			

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 F 0 0 6 23 - 26	4 F 0 0 7 23 - 26	5 F 0 0 8 23 - 26	6 F 0 1 0 23 - 26
7 F 0 1 1 23 - 26	8 F 0 1 2 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 1 0 6 23 - 26	32 P 0 3 0 23 - 26	33 P 0 2 9 23 - 26	34 P 0 5 6 23 - 26	35 U 2 2 8 23 - 26	36 U 0 1 3 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
-------------------	-------------------	-------------------	-------------------	-------------------	-------------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

D. E. Kullander

NAME & OFFICIAL TITLE (type or print)

D. E. Kullander, President

DATE SIGNED

8/4/80



MUELLER BRASS CO.

May 4, 1989

U.S. EPA Region V
RCRA Activities
P.O. Box A3587
Chicago, IL 60690

1- PART "A"

Attention: Ms. Sharron Kiddon 5HR

Subject: Mueller Brass Company, 1925 Lapeer Avenue, Port Huron,
Michigan - EPA Identification No. **MID-005357504**

Dear Ms. Kiddon:

The purpose of this letter is a notification request to add hazardous waste stream codes D-001 and F-003 to the referenced facilities generator permit.

Please contact me at 313/987-4000 extension 602 if you have any questions.

Very truly yours,

MUELLER BRASS COMPANY

Robert B. Mancini
Robert B. Mancini
Environmental Engineer

RBM:st

RECEIVED

MAY 10 1989

U. S. EPA, REGION V
SWB ~ FMS

RECEIVED
MAY 10 1989

RCRA-IMS
U. S. EPA, REGION V

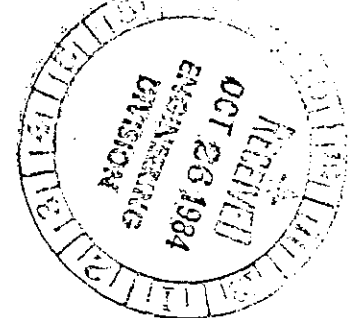


UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

OCT 23 1984

Mr. Ray M. Berra
Director of Engineering
Mueller Brass Company
1925 Lapeer Avenue
Port Huron, Michigan 48090



Re: Mueller Brass Company
MID 005 357 504

Dear Mr. Berra:

The United States Environmental Protection Agency (U.S. EPA), Region V, has received Mueller Brass Company's (MBCo.) submittal of September 25, 1984, regarding ongoing review of MBCo. request for change in status from a Resource Conservation and Recovery Act (RCRA) treatment, storage and disposal facility to a generator only.

Our review of this request along with the information submitted on June 15, 1984, July 26, 1984, and September 25, 1984, in support of the request, has concluded the following:

1. Skims (RCRA hazardous waste D008) generated from MBCo. brass melting operations, which are stored in bins prior to shipment offsite for copper reclamation, comply with 40 CFR 261.6(a), and are not subject to regulations under 40 CFR 262 through 265, 270, 271 and 124.
2. Dust (baghouse wastes) captured from onsite air pollution control facilities at MBCo. is a RCRA hazardous waste by virtue of exhibiting EP toxicity for lead (D008) and cadmium (D006). U.S. EPA considers the bags, which collect and accumulate the dust, to comply with the definition of containers in 40 CFR 260.10. Since MBCo. ships this RCRA hazardous waste offsite in less than 90 days, it is not subject to RCRA Interim Status or Part B permit requirements for this activity. However, MBCo. is subject to all applicable requirements of 40 CFR 262, especially 40 CFR 262.34 with regard to the proper management of baghouse waste:

- 2.1 The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container;
 - 2.2 While being accumulated onsite, each container is labeled or marked clearly with the words "Hazardous Waste";
 - 2.3 Comply with the 40 CFR 265 Subparts C (Preparedness and Prevention), D (Contingency Plan), and 265.16 (Personnel Training); and
 - 2.4 Comply with 40 CFR 265 Subpart 1 (Use and Management of Containers).
3. The "T-7 Clairifier" and sludge storage units comply with the exemption requirements in 40 CFR 264.1(g)(6) and are not subject to the requirements of 40 CFR Part 264.


Per the above discussion, MBCo.'s request for change in status from a RCRA treatment, storage and disposal facility, to a generator-only has been approved. As a result, the RCRA Part B application call-in date of October 22, 1984, is rescinded.

The retention of the U.S. EPA I.D. Number will allow MBCo. to be a RCRA generator of hazardous waste and to accumulate these wastes onsite in containers for less than 90 days. As stated, the regulations at 40 CFR Part 262, and other regulations referenced therein govern RCRA generator activities.

Should you decide in the future to initiate storage of RCRA hazardous waste for greater than 90 days, the issuance of a RCRA permit pursuant to 40 CFR Parts 124, 264 and 270 will be a prerequisite for such storage.

If you have any questions, please contact Mr. Timothy B. O'Mara of my staff at (312) 886-4023, for assistance.

Sincerely yours,


Karl J. Klepitsch, Jr., Chief
Waste Management Branch

cc: Alan Howard (MDNR) (w/copy of incoming)

APR 11 1984

5HW-13

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. William Roll
Mueller Brass Company
1925 Lapeer Avenue
Port Huron, MI 48060

Re: Mueller Brass Company
MID005357504

Dear Mr. Roll:

By now you should have received an acknowledgement of our receipt of the Part A permit application material for the above-referenced hazardous waste facility under the Resource Conservation and Recovery Act (RCRA) permit program. Accordingly, this letter constitutes the next step in the formal process leading toward issuance or denial of an RCRA permit. Under the authority of 40 CFR 270.10 this is a formal request for submittal of Part B of the permit application for the above-referenced facility.

Enclosed is a copy of 40 CFR 270.14-270.29 which lists the items that constitutes a Part B for your facility. Your Part B application must be submitted in quadruplicate and postmarked no later than October 22, 1984. Please uniquely number each page of the application including all attachments (maps, specifications, etc.). A certification statement identical to one stated in 40 CFR 270.11(d) must accompany the application and all additional submittals. Send your application to the following address:

RCRA ACTIVITIES
Part B Permit Application
U.S. EPA, Region V
P.O. Box A3587
Chicago, Illinois 60690-3587

We are committed to conducting the RCRA permit process as efficiently as possible. Consequently, I suggest you contact Mr. Timothy O'Mara of my staff at (312) 886-4023 as you begin preparing your application. Mr. O'Mara will be available to discuss specific needs of your application or to meet with you in Chicago. These efforts are intended to generate complete applications without requiring any information beyond that which is necessary to make RCRA permit decisions.

P 371 346 046

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Mr. William Roll	
Mueller Brass Co.	
Street and No.	
1925 Lapeer Ave.	
P.O., State and ZIP Code	
Port Huron, MI 48060	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, Feb. 1982

PS Form 3811, Jan. 1979

● SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one.)
☒ Show to whom and date delivered.
☐ Show to whom, date and address of delivery.
☐ RESTRICTED DELIVERY
 Show to whom and date delivered.
☐ RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery. \$

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO: Mr. Wm. Roll
 Mueller Brass Co.
 1925 Lapeer Ave.
 Port Huron, MI 48060

3. ARTICLE DESCRIPTION:
 REGISTERED NO. CERTIFIED NO. INSURED NO.
 P371346046

(Always obtain signature of addressee or agent.)

I have received the article described above.
 SIGNATURE ☐ Addressee ☐ Authorized agent

4. DATE OF DELIVERY POSTMARK

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

Failure to furnish the complete Part B permit application by the above date, and to provide in full all required information, is grounds for termination of interim status under 40 CFR 270.10.

Information in the Part B permit application can be disclosed to the public, according to the Freedom of Information Act and U.S. Environmental Protection Agency (U.S. EPA) Freedom of Information regulations. If you wish, however, you may assert a claim of business confidentiality by printing the word "Confidential" on each page of the application which you believe contains confidential business information. All incoming materials containing confidential business information should be sent in a double envelope--one envelope inside the other. The inner envelope is to be addressed to the docket control officer (DCO) with the following instructions: "to be opened only by the DCO". U.S. EPA will review business confidentiality claims under regulations in 40 CFR Part 2, and may later request substantiation of such claims. Please review these rules carefully before making a claim.

If you claim parts of the application as confidential please provide us with a public information copy of the application. The public information copy must be identical to the full application with the exclusion of the confidential information.

We will coordinate review of the application with the Michigan Department of Natural Resources. It is possible that during the processing of your application the State hazardous waste program may become authorized to issue RCRA permits for your type of facility. In that case direct Federal processing will cease and the State in lieu of U.S. EPA will make the final determination on your application.

We look forward to receiving your Part B permit application.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure 40 CFR 270.14-270.29
Guidance for Permit Application Preparation

cc: Alan J. Howard,
Michigan Department of Natural Resources

5HW-13:WEMUNO:ap:6-6136:3-28-84

INITIALS	TYPIST ep 4-4-84	AUTHOR	STU #1 CHIEF	STU #2 CHIEF	STU #3 CHIEF	TPS CHIEF	WMB CHIEF	WMD CHIEF
DATE					WEM 4/9/84	WMB 4/9/84	WMB 4/10/84	WMD 4/10/84

One 4/9/84

FORM 1 GENERAL		 ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		EPA I.D. NUMBER MID005357504																																																	
I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.																																																	
II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.																																																					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS																																																	
		YES	NO	FORM ATTACHED																																																	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																	
III. NAME OF FACILITY 1 SKIP MUELLER BRASS CO																																																					
IV. FACILITY CONTACT <table style="width:100%;"> <tr> <td colspan="3" style="text-align: center;">A. NAME & TITLE (last, first, & title)</td> <td colspan="3" style="text-align: center;">B. PHONE (area code & no.)</td> </tr> <tr> <td colspan="3">2 ROLL WILLIAM DIR OF ENG</td> <td colspan="3">313 987 4000</td> </tr> </table>						A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)			2 ROLL WILLIAM DIR OF ENG			313 987 4000																																						
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)																																																		
2 ROLL WILLIAM DIR OF ENG			313 987 4000																																																		
V. FACILITY MAILING ADDRESS <table style="width:100%;"> <tr> <td colspan="6" style="text-align: center;">A. STREET OR P.O. BOX</td> </tr> <tr> <td colspan="6">3 1925 LAPEER AVE</td> </tr> <tr> <td colspan="4" style="text-align: center;">B. CITY OR TOWN</td> <td style="text-align: center;">C. STATE</td> <td style="text-align: center;">D. ZIP CODE</td> </tr> <tr> <td colspan="4">4 PORT HURON</td> <td style="text-align: center;">MI</td> <td style="text-align: center;">48060</td> </tr> </table>						A. STREET OR P.O. BOX						3 1925 LAPEER AVE						B. CITY OR TOWN				C. STATE	D. ZIP CODE	4 PORT HURON				MI	48060																								
A. STREET OR P.O. BOX																																																					
3 1925 LAPEER AVE																																																					
B. CITY OR TOWN				C. STATE	D. ZIP CODE																																																
4 PORT HURON				MI	48060																																																
VI. FACILITY LOCATION <table style="width:100%;"> <tr> <td colspan="6" style="text-align: center;">A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</td> </tr> <tr> <td colspan="6">5 1925 LAPEER AVE</td> </tr> <tr> <td colspan="6" style="text-align: center;">B. COUNTY NAME</td> </tr> <tr> <td colspan="6">ST CLAIR</td> </tr> <tr> <td colspan="4" style="text-align: center;">C. CITY OR TOWN</td> <td style="text-align: center;">D. STATE</td> <td style="text-align: center;">E. ZIP CODE</td> </tr> <tr> <td colspan="4">6 PORT HURON</td> <td style="text-align: center;">MI</td> <td style="text-align: center;">48060</td> </tr> <tr> <td colspan="6" style="text-align: center;">F. COUNTY CODE (if known)</td> </tr> <tr> <td colspan="6"></td> </tr> </table>						A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER						5 1925 LAPEER AVE						B. COUNTY NAME						ST CLAIR						C. CITY OR TOWN				D. STATE	E. ZIP CODE	6 PORT HURON				MI	48060	F. COUNTY CODE (if known)											
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER																																																					
5 1925 LAPEER AVE																																																					
B. COUNTY NAME																																																					
ST CLAIR																																																					
C. CITY OR TOWN				D. STATE	E. ZIP CODE																																																
6 PORT HURON				MI	48060																																																
F. COUNTY CODE (if known)																																																					

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7	3	3	5	1	(specify)	Extruding, Drawing Copper Alloy	7	3	4	6	3	(specify)	Non Ferrous Forgings						
C. THIRD										D. FOURTH									
7	3	4	5	1	(specify)	Screw Machine Products	7					(specify)							

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?									
8	M	U	E	L	L	E	R	B	R	A	S	S	C	O	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)									
F - FEDERAL	M - PUBLIC (other than federal or state)	P - PRIVATE	O - OTHER (specify)	P	(specify)	3	1	3	9	8	7	4	0	0	0				
E. STREET OR P.O. BOX																			
1925 LAPEER AVE.																			
F. CITY OR TOWN										G. STATE									
PORT HURON										MI									
H. ZIP CODE										IX. INDIAN LAND									
48060										Is the facility located on Indian lands?									
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9	N									9	P								
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9	U									9									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9	R									9									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of copper alloy rod, tube, forgings, machined parts including melting, casting, extrusion, drawing, machining, heat treating, chemical treating, packaging, warehouse, and shipping.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Donald E. Kullander, President	<i>Donald E. Kullander</i>	Nov. 19, 198

COMMENTS FOR OFFICIAL USE ONLY

C

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	EPA I.D. NUMBER M I D 0 0 5 3 5 7 5 0 4
-------------------	--	---	--

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		2. NEW FACILITY (Complete item below.)			
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)			
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN			
YR.	MO.	DAY	YR.	MO.	DAY
75	07	01			
B. REVISED APPLICATION (place an "X" below and complete Item I above)			2. FACILITY HAS A RCRA PERMIT		
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS			<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT		

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
DECONTAMINATION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

5	C										1	2	3	4	5
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY				
		1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)					1. AMOUNT	2. UNIT OF MEA- SURE (enter code)						
X-1	S 0 2	600	G		5										
X-2	T 0 3	20	E		6										
1	T 0 1	See IIIC. Page 2	U		7										
2	S 0 3	265	Y		8										
3					9										
4					10										

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Line No. 1 Pickling & Electroplating rinse water treatment process using Ion Exchange and detoxification (including reduction, pH adjustment, clarification, dewater sludge with filter press). Ion exchange system design capacity 504,000 GPD Recirculation. Detoxification system design capacity 57,600 GPD with discharge to POTW (City of Port Huron).

Refer to attached Dwg. BL-25-13578, Flow Diagram.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.....	P
TONS.....	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. 1-25	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
W M I D 0 0 5 3 5 7 5 0 4													W DUP														
1 2 13 14 15													1 2 13 14 15 23 24 25														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																							
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))															
	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1	F	0	0	1				1200		K	S	0	1														
2	F	0	0	2				1200		K	S	0	1														
3	F	0	0	6				335,000		K	S	0	1														
4	F	0	0	7				12000		K	S	0	1														
5	F	0	0	8				12000		K	S	0	1														
6	F	0	1	0				12000		K	S	0	1														
7	F	0	1	1				12000		K	S	0	1														
8	F	0	1	2				12000		K	S	0	1														
9	P	1	0	6				1200		K	S	0	1														
10	P	0	3	0				1200		K	S	0	1														
11	P	0	2	9				1200		K	S	0	1														
12	P	0	5	6				1200		K	S	0	1														
13	U	2	2	8				1200		K	S	0	1														
14	U	0	1	3				1200		K	S	0	1														
15	D	0	0	2				12000		K	S	0	1														
16	D	0	0	3				1200		K	S	0	1														
17	D	0	0	6				1200		K	S	0	1														
18	D	0	0	7				1200		K	S	0	1														
19	D	0	0	8				3,330,000		K	S	0	3														
20																											
21																											
22																											
23																											
24																											
25																											
26																											

IV. DESCRIPTION OF HAZARDOUS

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	M	I	D	0	0	5	3	5	7	5	04	T/A	C	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

42 58 45 N

LONGITUDE (degrees, minutes, & seconds)

82 27 30 W

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX												4. CITY OR TOWN												5. ST.				6. ZIP CODE			
F												G																			
17 18												19 20 21 22 23 24 25 26 27 28 29 30												31 32 33 34				35 36 37 38			

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

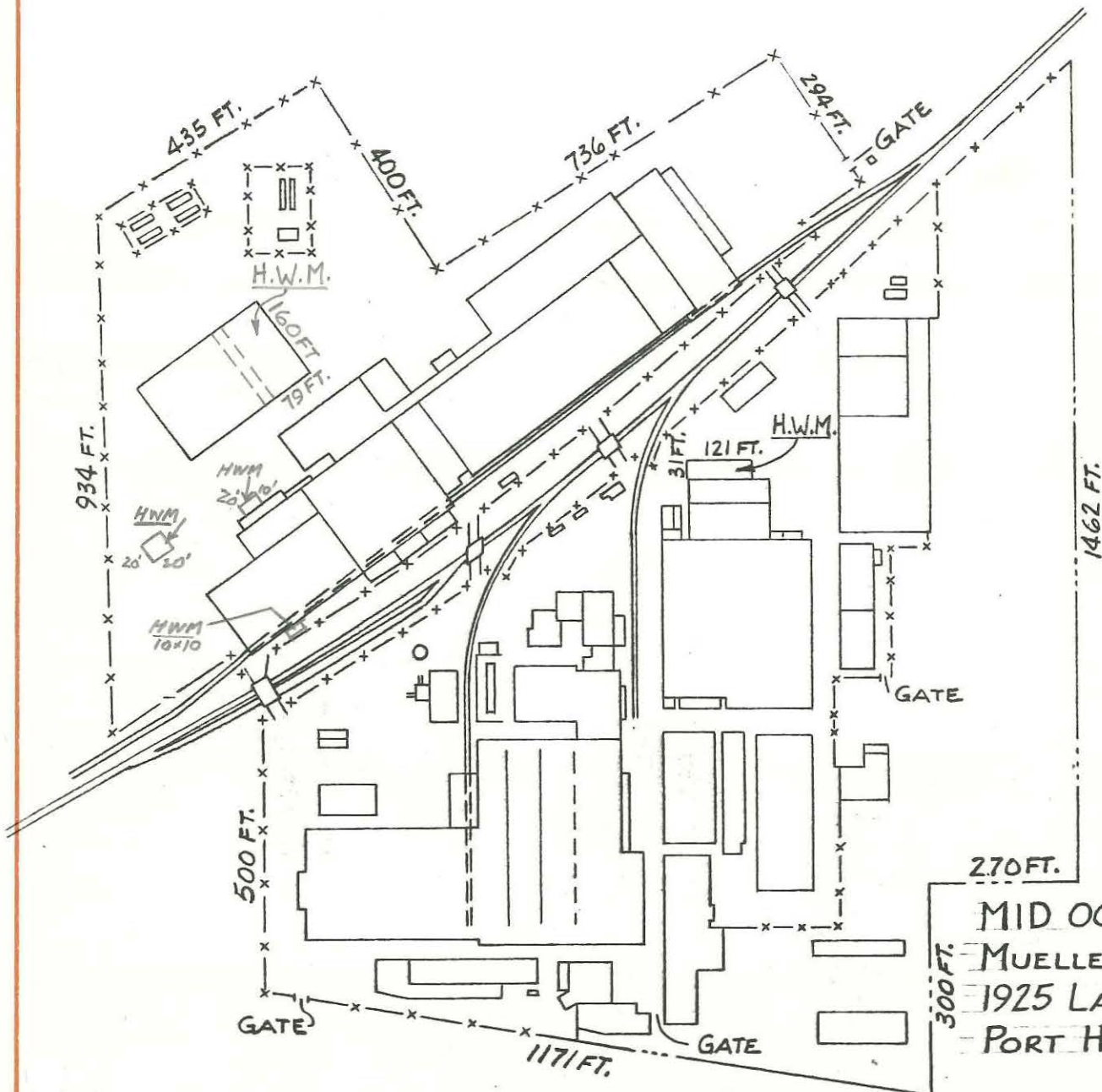
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Donald E. Kullander	<i>Donald E. Kullander</i>	November 19, 1980

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

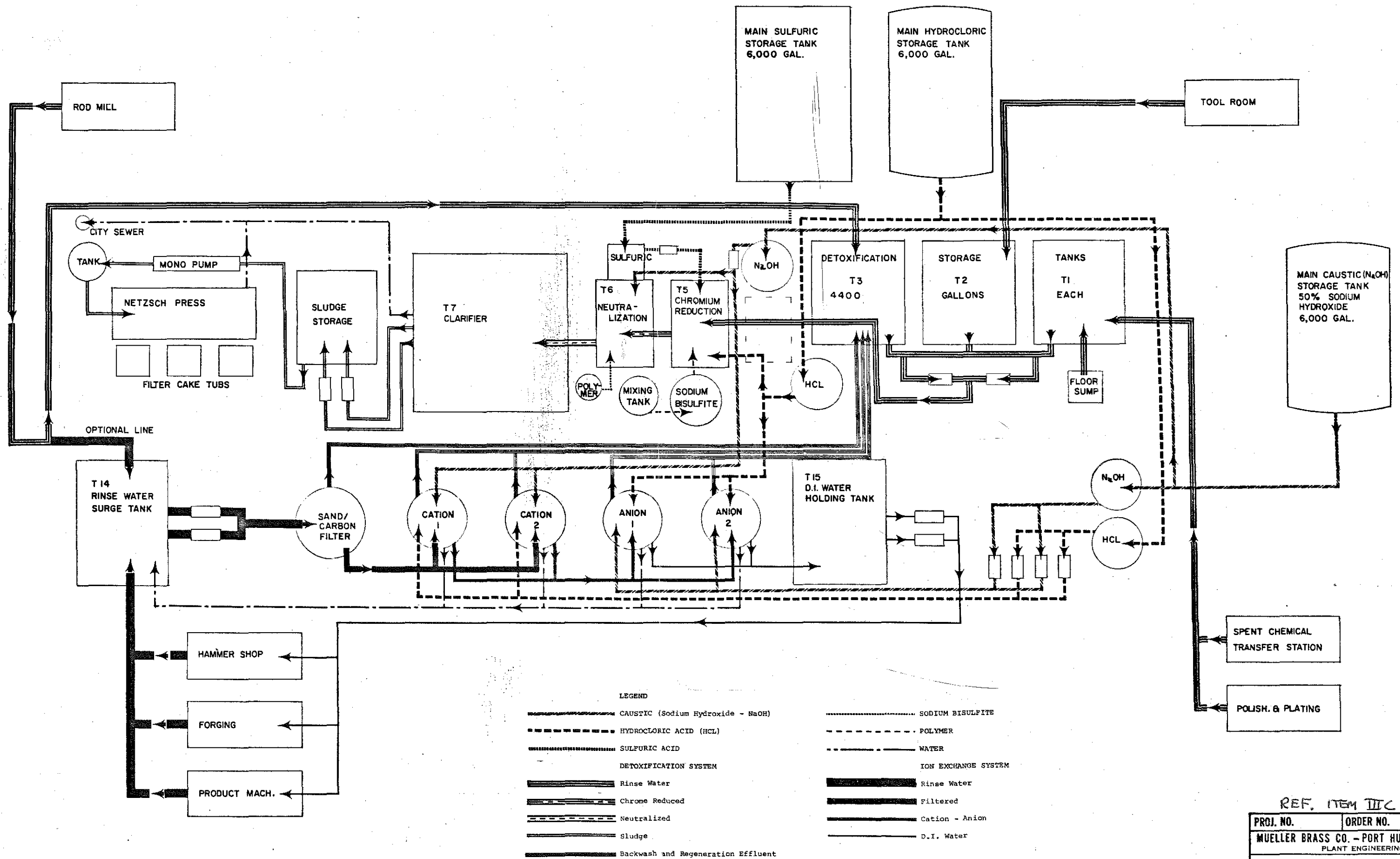
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

V. FACILITY DRAWING (see page 4)



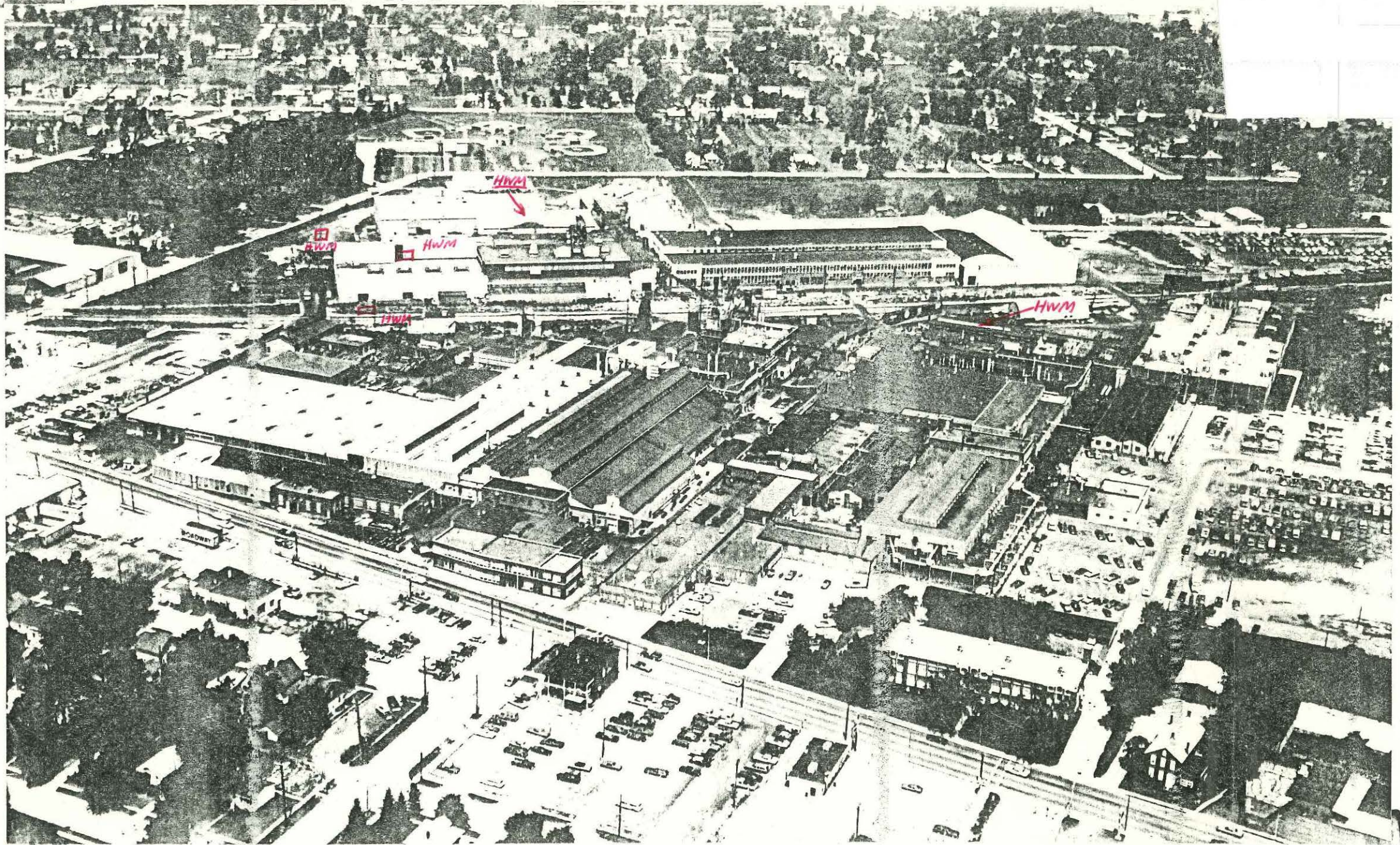
SCALE 1"=300'

MID 005 357 512
 MUELLER BRASS CO.
 1925 LAPEER AVE.
 PORT HURON MICH.
 48060



REF. ITEM IIC. P2

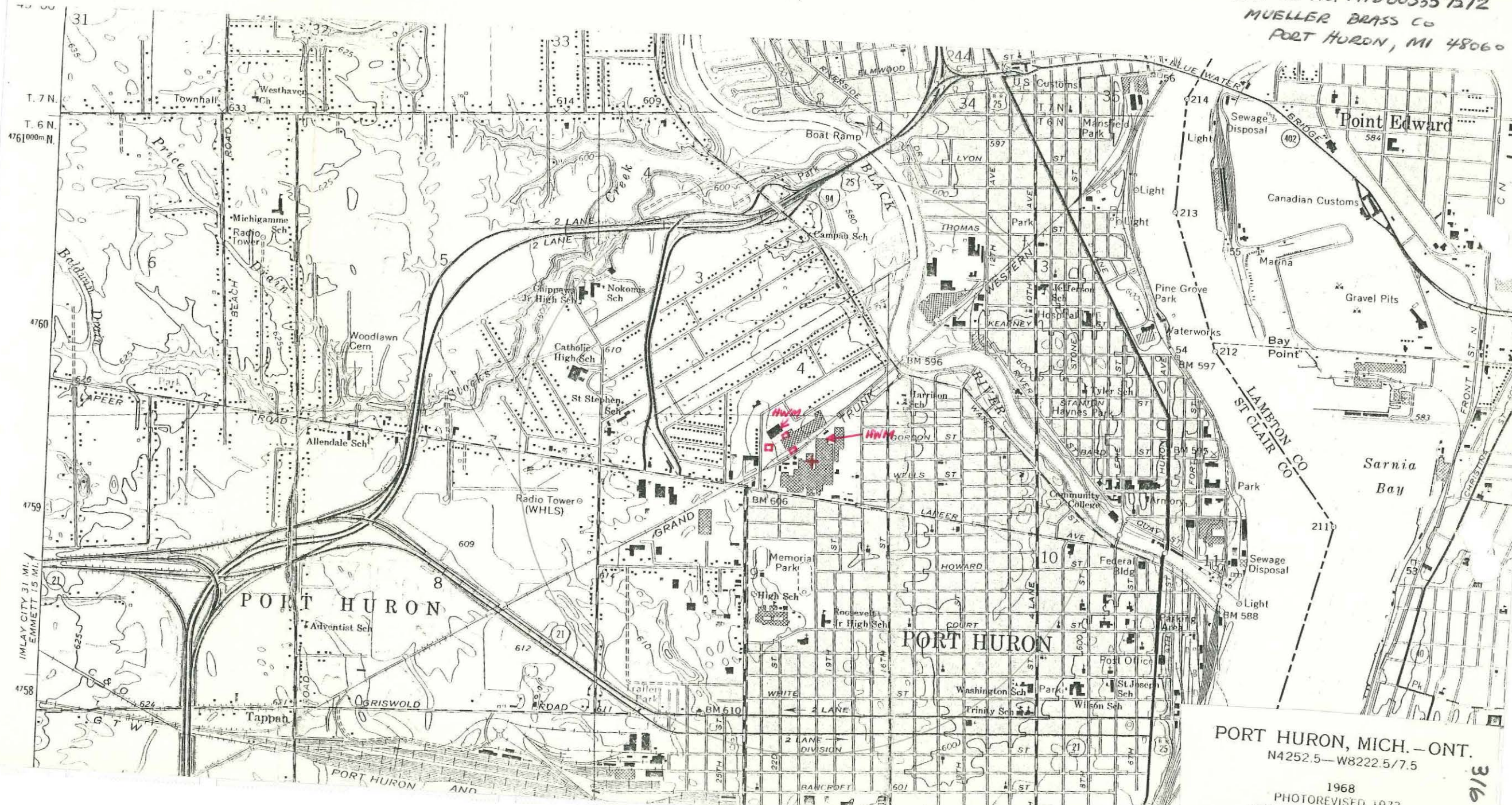
PROJ. NO.	ORDER NO.
MUELLER BRASS CO. - PORT HURON, MICH.	
PLANT ENGINEERING	
WASTE TREATMENT PROCESS - FLOW DIAGRAM	
DR. BY <i>Kerry</i>	DATE: 10/30/80



MUILLER BRASS CO
PORT HURON, MI 48060
ITEM VI

EPA ID NO. MID 005357512

EPA ID NO. MID005357512
MUELLER BRASS CO
PORT HURON, MI 48060



PORT HURON, MICH.-ONT.
N4252.5-W8222.5/7.5

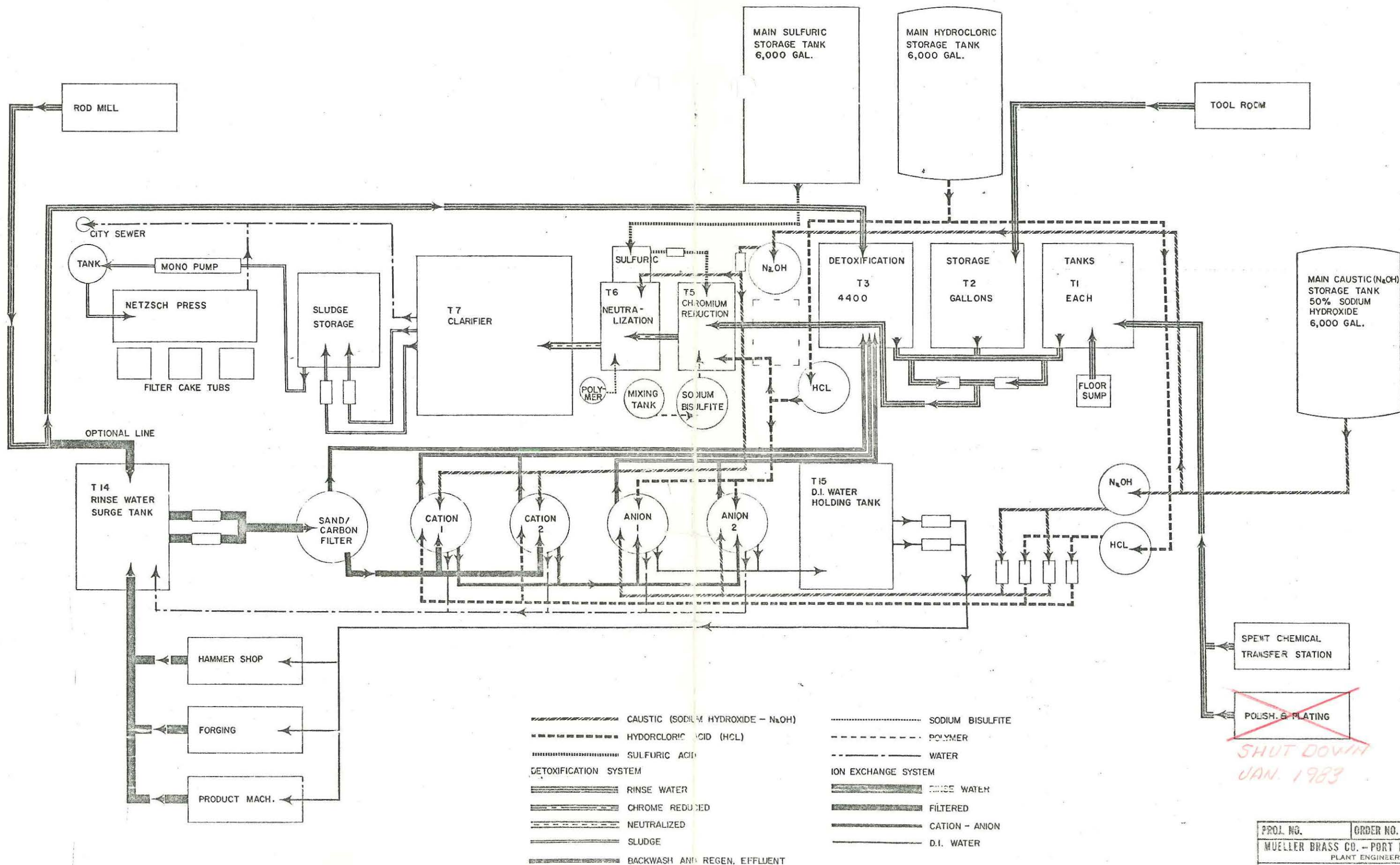
1968
PHOTOREVISED 1973
AMS 4569 IV NW

ADDENDUM IItem X Existing Environmental Permits

1. Ion Exchange and Detoxification System. State
Certification No. F-562 (11/6/75) EPA Form 3300-3
2. Air Pollution Control - Michigan Permit No.

156-71 Chip Dryer
323-73 Coal-fired Boiler #6
213-74 Melting Furnace, AAF Baghouse
3-75 Melting Furnace, Slug Cast Baghouse
3-75 B Melting Furnace, Slug Cast Baghouse
revision - #10 Furnace.
240-79 Aerofall Mill

MUELLER BRASS CO.
Port Huron, Mich. 48060
EPA I.D. No. 005357512



SHUT DOWN
JAN. 1983

PROJ. NO.	ORDER NO.
MUELLER BRASS CO. - PORT H.	
PLANT ENGINEER	
WASTE TREATMENT PROCESS - FLOW	
DR. BY	SCALE
DATE	DATE
DRAWING NO. 25-13578	



EXHIBIT A



EXHIBIT A



EXHIBIT B

MUELLER BRASS CO.

PORT HURON, MICHIGAN 48060



Area Code 313
Tel: 987-4000

November 23, 1981

RCRA Activities
Region V
P. O. Box A3587
Chicago, Illinois 60690

Attention: Rebecca Strom

Reference: Hazardous Waste Permit Application
Mueller Brass Co., EPA ID No. MID 005357504
Telephone conversation with Mr. Robert B. Mancini
and E. L. Wefel on November 23, 1981.

ok MGP
12-16-81

Dear Rebecca:

As per your instructions we are enclosing original
Form 1 for your records.

We will also change our copy of Form 3, Line 1, Process
Code T01 to read 504,000 GPD in place of (See 111C. Page 2) as
you requested.

Robert B. Mancini
Robert B. Mancini
Project Engineer

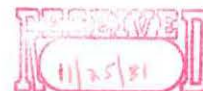
RBM/vlt
enclosure

cc: W. C. Roll
C. L. Otis
E. L. Wefel

RECEIVED

NOV 25 1981

WASTE MANAGEMENT BRANCH
EPA, REGION V



M U E L L E R B R A S S C O .

P O R T H U R O N , M I C H I G A N 4 8 0 6 0



A r e a C o d e 3 1 3

T e l : 9 8 7 - 4 0 0 0

October 20, 1981

RCRA Activities
Region V
P. O. Box A3587
Chicago, Illinois 60690-3587

Attention: Arthur S. Kawatachi
Regional Project Officer

Reference: Your Letter Dated October 13, 1981
Hazardous Waste Permit Application -
Incomplete Part A
(Mueller Brass Co., EPA ID No. MID005357504)

Enclosed is revised Part A RCRA permit application for
the facility referenced above.

We believe this will complete your requirements. How-
ever, if additional information is needed, please let
us know.

Very truly yours,

W. C. Roll
Director of Engineering

WCR/emg
att/2

RECEIVED

OCT 20 1981

WASTE MANAGEMENT BRANCH
EPA, REGION V



M U E L L E R B R A S S C O .

P O R T H U R O N , M I C H I G A N 4 8 0 6 0



A r e a C o d e 3 1 3

T e l : 9 8 7 - 4 0 0 0

September 25, 1984

RECEIVED

OCT 03 1984

**WMD-RAIU
EPA, REGION V**

RCRA Activities
Part B Permit Application
U. S. EPA, Region V
P. O. Box A3587
Chicago, Illinois 60690-3587

Attention: Mr. Timothy O'Mara

MID 005 357 504

Reference: Mueller Brass Co.
MID 005357504 *G, TSD, PA*
Request for exemption from Part B
Requirement for change in status
to RCRA Generator Only.

Dear Mr. O'Mara:

We have received and reviewed Mr. William H. Miner's letter dated August 27, 1984 discussing the reference subject. Based on additional information brought out in his letter, we are resubmitting our request for reclassification under RCRA regulations to Generator Only.

In support of our determination as Generator Only, we have enclosed a letter dated September 25, 1984 with confirming documentation from T. R. Valentine and Associated, Inc., consulting engineers.

We feel that the enclosed information justifies our request to be classified as a Generator Only.

Very truly yours,

MUELLER BRASS CO.

Ray M. Berra

Ray M. Berra
Director of Engineering

vlt

enclosure (s)

cc: D. G. Mason
D. F. Bringman
R. B. Mancini

M U E L L E R B R A S S C O .

P O R T H U R O N , M I C H I G A N 4 8 0 6 0



Area Code 313

Tel: 987-4000

July 26, 1984

RCRA Activities
Part B Permit Application
U. S. EPA, Region V
P. O. Box A3587
Chicago, Illinois 60690-3587

Attention: Mr. Timothy O'Mara

Reference: Mueller Brass Company
MID 005357504 *G, TSD, PA*
Request for Exemption from
Part B Requirement for Change
in Status to RCRA Generator Only

RECEIVED

JUL 30 1984

**WMD-RAIU
EPA, REGION V**

Dear Mr. O'Mara:

We received Mr. William H. Miner's letter, dated July 11, 1984, requesting additional information concerning the reference subject.

Therefore, we are submitting the following information which we believe will clarify the questions raised in his letter.

Bag House Dust Determination

It is our determination that dust captured from our air pollution control facility by definition is a dry "sludge" under 40 CFR Section 260.10 (a) (63), and, thereby would be a solid waste in accordance with Section 261.2 (a).

It is further determined that the "sludge" meets the definition of hazardous waste under Section 261.3, because it exhibits the characteristic of EP toxicity, Subpart C, Section 261.24, Table 1, and is not listed in Subpart D. The toxic contaminants causing it to be hazardous are EPA hazardous waste numbers D008 for lead and D006 for cadmium.

Based on the preceding determination, dust sold for reclamation by Mueller Brass Company is considered an RCRA hazardous waste, and is managed as such to comply with 40 CFR 261.6 (b).

RECEIVED

JUL 30 1984

**WMD-RAIU
EPA, REGION V**

July 26, 1984
RCRA Activities
Page 2

Chromium Plating Line Rinse Water and Treatment Facility

The length of time sludge is stored in the "sludge storage" unit is less than 24 hours since the filter press Moyno pump is continually drawing off sludge for de-watering when production departments are operating. It is also standard operating procedure to process the sludge in the sludge storage unit down to the low limit for any shut-down period exceeding 24 hours.

The length of time sludge (filter cake) is stored in the tubs is approximately 30 days, and always less than 60 days.

The appropriate definition which applies to the "T7 Clarifier", and the "sludge storage" unit are part of a "totally enclosed treatment facility" under 40 CFR 260.10 (70).

In conclusion we hope this correspondence satisfies the EPA concerns and we will be granted our request for exemption from Part B requirements. Thank you for your consideration.

Very truly yours,

MUELLER BRASS CO.



Ray M. Berra
Director of Engineering

vlt

cc: D. G. Mason
D. F. Bringman
R. B. Mancini



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

5HW-13

JUL 11 1984

Mr. Ray M. Berra
Director of Engineering
Mueller Brass Company
1925 Lapeer Avenue
Port Huron, Michigan 48060

Re: Mueller Brass Company
MID 005 357 504

Dear Mr. Berra:

My staff has processed your request of June 15, 1984, for change in status for the subject facility from a Resource Conservation and Recovery Act (RCRA) hazardous waste management facility to a RCRA generator only. The following discussion summarizes our review.

Based on your letter of June 15, 1984, and information contained in our RCRA files on your facility, skims stored by Process Code S03, Waste Pile, prior to shipment offsite for reclamation of copper, is in compliance with 40 CFR 261.6(a) and is not currently subject to regulations under 40 CFR 262, through 265, 270, 271 and 124.

The Environmental Protection Agency, Region V (U.S. EPA) needs additional information in order to comment on baghouse dust and chromium plating rinse water waste management practices. In order for U.S. EPA to comment on dust generated from your facility's baghouse operations, your determination or statement under 40 CFR 262.11 for this waste must be submitted.

If your analysis per 40 CFR 262.11 concludes that the dust is a solid waste only, the handling of such waste is not regulated by RCRA. If the dust is a RCRA hazardous waste, then for purposes of use, reuse, recycling or reclamation, the dust is considered a RCRA hazardous waste sludge pursuant to 40 CFR 260.10 and 40 CFR 261.6(b). The storage and treatment of such RCRA hazardous waste prior to its use, reuse, recycling or reclamation is subject to the following:

- . Notification requirements under Section 3010 of RCRA
- . 40 CFR 262 and 263
- . Applicable provisions of Subparts A through L of 40 CFR 265

- . Parts of 40 CFR 270 and 124 with respect to storage facilities

Regarding the chromium plating line rinse water, two issues need clarification by you before U.S. EPA can comment on the applicability of 40 CFR.

- . Length of time sludge is stored in "sludge storage" unit and "filter cake tubs" as illustrated on the Waste Treatment Process Flow Diagram submitted on June 15, 1984.
- . The appropriate definition from 40 CFR 260.10 (tank, open/closed or surface impoundment) which applies to the "T7 Clarifier" and the "sludge storage" unit.

If you have any questions on this matter, please contact Mr. Timothy B. O'Mara of my staff at (312) 886-4023 for assistance.

Sincerely,



William H. Miner, Chief
Technical, Permits and Compliance Section

cc: Alan Howard, MDNR

MUELLER BRASS CO.

PORT HURON, MICHIGAN 48060



Area Code 313

Tel: 987-4000

June 15, 1984

RCRA Activities
Part B Permit Application
U. S. EPA, Region V
P. O. Box A3587
Chicago, Illinois 60690-3587

Attention: Mr. Timothy O'Mara

Reference: Mueller Brass Company
MBCo. MID 005357504 *G-1 TSD, PA*

Request for exemption from
Part B Requirement

RECEIVED

JUN 18 1984

**WMD-RAIU
EPA, REGION V**

Dear Mr. O'Mara:

Following up our telephone conversation of June 13, 1984, this letter is intended to formally request that the reference facility be reclassified as a generator only. There have been revisions to our Part A application as originally submitted to the EPA, and they are summarized and documented, as follows:

Process Code S03, Waste Pile, refers to skims generated from our brass melting operation. The skims are collected and stored inside in bins as shown in photograph, Exhibit A, for shipment to a refinery for reclamation of the copper content which assays at approximately 40%.

Therefore, the skims are not considered a waste by MBCo., but a reclaimable valuable material for recycling.

Dust generated from our baghouse operations is collected in sealed weather proof bags, manifested and sold for reclamation, at a net positive gain, for zinc content. The bag collection system is shown in Exhibit B. Bags are stored for less than 90 days from accumulation start date.

We also shut down our plating department for customer service in January of 1983. Cyanide plating solutions, tanks and piping were manifested and disposed of, as shown in Exhibit C, Michigan Manifest Number MI0163296.

MBCo. has a small one-man hand operated chromium plating line for internal tool plating use. Approximately 200 gallons of rinse water is generated per day from this line, and is treated in MBCo's Waste Water Treatment Plant. The 200 GPD represents about .08% of the total volume, 250,000 gallons, treated per day.

Page 2
June 15, 1984
RCRA Activities

The Tool Room chromium bearing rinse water is compatible with rinse waters from brass, copper and aluminum cleaning operations being treated from other departments.

MBCo's Waste Water Treatment Plant consists of an Ion Exchange System for cleaning up rinse waters and recycling the water for conservation, and a Detoxification System for chromium reduction, neutralization, precipitation, solids separation and dewatering.

Attached is revised Drawing Number BL-25-13578 flow diagram, Exhibit D.

Please let us know if you require any further information.

Very truly yours,

MUELLER BRASS CO.



Ray M. Berra
Director of Engineering

vlt

Attachment (s)

MUELLER BRASS CO.

PORT HURON, MICHIGAN 48060



Area Code 313

Tel: 987-4000

February 29, 1984

RCRA Activities
EPA, Region V
P. O. Box A-3587
Chicago, Illinois 60690-3587

Attn: Biennial Report

Dear Sirs:

Enclosed please find copies of the completed "Hazardous Waste Treatment, Storage, and Disposal Facility Report for 1983", and the "Hazardous Waste Generator Report for 1983", for our Port Huron facility, Identification No. MID005357504.

Also, enclosed is a copy of the completed "Hazardous Waste Generator Report for 1983", for our Marysville facility, Identification No. MID005357520.

Sincerely,

MUELLER BRASS CO.

W.C. Roll

W. C. Roll
Director of Engineering

vlt

Enclosures (3)

ENVIRONMENTAL PROTECTION AGENCY

FACILITY BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Explain your non-regulated status in the space below.

See instructions before completing this section.

This facility did not treat, store, or dispose of
regulated quantities of hazardous waste at any
time during 1983. ☐

Please print/type with elite type (12 characters per inch)

II. FACILITY EPA I.D. NUMBER

F M I D O O 5 3 5 7 5 0 4 1
1 2 13 14 15

T/A C

G
TSD

This Facility's Non-Regulated Status is Expected to Apply:

- ☐ For 1983 Only ☐ Permanently
☐ Other (explain
in comment section)

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF FACILITY

M U E L L E R B R A S S C O
30 69

IV. FACILITY MAILING ADDRESS

3 1 9 2 5 L A P E E R A V E
15 16 45

Street or P.O. Box

4 P O R T H U R O N M I 4 8 0 6 0
15 16 41 42 47 51

City or Town

State Zip Code

V. LOCATION OF FACILITY (if different than section IV above)

5
15 16 45

Street or Route number

6
15 16 41 42 47 51

City or Town

State Zip Code

VI. FACILITY CONTACT

2 R O L L W I L L I A M C
15 16 45

Name (last and first)

3 1 3 - 9 8 7 - 4 0 0 0
46 55

Phone No. (area code & no.)

VII. COST ESTIMATES FOR FACILITIES

\$ 1 1 0 0 0 0 \$
16 19 22 25 28 31

A. Cost Estimate for Facility Closure

B. Cost Estimate for Post Closure Monitoring
and Maintenance (disposal facilities only)

VIII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

W. C. Roll

Director of Engineering

William C. Roll

2/29/84

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

IX. FACILITY'S EPA I.D. NO.

T/A C

F M I D 0 0 5 3 5 7 5 0 4 1
1 2 13 14 15

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Mueller Brass Co.

ON-SITE ☒

XII. GENERATOR ADDRESS

X. GENERATOR'S EPA I.D. NO.

G M I D 0 0 5 3 5 7 5 0 4
16 28

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM
 S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
29	32	1 Combined rinse waters from pkg lines used to clean brass and aluminum parts	D 0 0 7 D 0 0 8 33 36 37 40 D 0 0 6 41 44 45 48 49 51 52	T 0 4	1 8 6 6 5 1	T
	2	2 Combined corrosive mixt. from ion exch. regeneration & brass cleaning & plating rinse waters	D 0 0 7 D 0 0 8 D 0 0 6 D 0 0 2	T 0 1	3 4 9 2 5	T
	3	3 Corrosive mixt. caustic, spent acids incl. Nitric, sulfuric, hydrochloric & sod. dichromate from brass clng. lines.	D 0 0 7 D 0 0 8 D 0 0 6 D 0 0 2	T 0 1	3 3 9	T
	4	4 Spent sodium cyanide sol. from cleaning copper fittings.	P 1 0 6	T 0 1	3 3	T
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XV. COMMENTS (enter information by section number—see instructions)

Section XIV - Line #1 - C. Handling method T04 Ion Exchange Treatment System.
 Section XIV - Lines #1, #2 and #3 - 171 tons of filter cake generated from waste treated in 1983 by Waste Water Treatment Plant for landfill disposal.

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler
- 2 Small Quantity Generator
- 4 Exempt
- 5 Beneficial Use
- 9 Closed

Please print/type with elite type (12 characters per inch)

II. GENERATOR'S EPA I.D. NUMBER

T/A C

F M I D O O 5 3 5 7 5 0 4 1
1 2 13 14 15

This Installation's Non-Regulated Status is Expected to Apply:

- ☐ For 1983 Only ☐ Permanently
- ☐ Other _____

C303 ENTRY (OFFICIAL USE ONLY) ☐

III. NAME OF INSTALLATION

M U E L L E R B R A S S C O
30 69

IV. INSTALLATION MAILING ADDRESS

3 1 9 2 5 L A P E E R A V E
15 16 45

Street or P.O. Box

4 P O R T H U R O N M I 4 8 0 6 0
15 16 41 42 47 51

City or Town

State Zip Code

V. LOCATION OF INSTALLATION (if different than section IV above)

5
15 16 45

Street or Route number

6
15 16 41 42 47 51

City or Town

State Zip Code

VI. INSTALLATION CONTACT

2 R O L L W I L L I A M C.
15 16 45

Name (last and first)

3 1 3 - 9 8 7 - 4 0 0 0
46 55

Phone No. (area code & no.)

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

W. C. Roll Director of Engineering

William C Roll

2/29/84

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

T/A C

G	M	I	D	0	0	5	3	5	7	5	0	4	1	1
1	2										13	14	15	

X. FACILITY'S EPA I.D. NO.

F	M	I	D	0	0	5	3	5	7	5	0	4		
16													28	

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Foreign shipment - See Section XIV

XI. FACILITY ADDRESS

R. R. #1
Corunna, Ontario
Canada N0N 1G0

XII. TRANSPORTATION SERVICES USED

Tricil (Sarnia) Limited - EPA ID No. MIT270019904

Environmental Management Div. of En Manco Corp. EPA ID No. MID 980681621.

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	1	Waste Water Treatment Plant filter cake.	1 5 33 34 43	D 0 0 6 35 38 39 42 D 0 0 8 46 47 50 51	7 3 59 60	T
	2	Corrosive sulfuric acid, spent from brass and copper cleaning process.	0 2	D 0 0 2 D 0 0 8	2 3	T
	3	Corrosive waste sodium dichromate solution from brass and copper cleaning operation.	0 2	D 0 0 2 D 0 0 7	2 1	T
	4	Spent vibratory cleaning compound for brass parts - contains water, citric acid and soap.	1 5	D 0 0 8	6 6 7 3	P
	5	Poison B Barium chloride heat treating salt - discontinued use.	1 8	D 0 0 5	2 8 0 0	P
	6	Solids from brass and copper cleaning operation.	1 5	D 0 0 7	7 4 2 5	P
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

Section IX and XI - Tricil (Sarnia) Limited EPA ID No. MIT 270019904
(Foreign Facility)

Section XIII - Line #3 - Solution is 10 Oz per gallon Sodium Dichromate plus 4% by volume sulfuric acid - remainder water.

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

T/A C

G	M	I	D	0	0	5	3	5	7	5	0	4	1	1
1	2											13	14	15

X. FACILITY'S EPA I.D. NO.

F	M	I	D	0	4	8	0	9	0	6	3	3
16												28

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Wayne Disposal, Inc.

XI. FACILITY ADDRESS

49350 N. Service Drive
 Belleville, MI 48111
 Site #2

XII. TRANSPORTATION SERVICES USED

Great Lakes Environmental Services, Inc. - EPA ID No. MID 087478574.

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	32	1 Waste Water Treatment Plant Filter Cake.	1, 5 33 34	D, 0, 0, 6, D, 0, 0, 7 35 38 39 42 D, 0, 0, 8 43 46 47 50 51	18 16 59 60	T
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

G	M	I	D	0	0	5	3	5	7	5	0	4		
1	2										13	14	15	

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Eagle Picher

X. FACILITY'S EPA I.D. NO.

F	N	E	D	0	0	0	6	1	0	5	5	0		
16												28		

XI. FACILITY ADDRESS

East Highway 8
Fairbury, Nebraska 68352

XII. TRANSPORTATION SERVICES USED

A & J Trucking, Inc. EPA ID No. IAD 05506653.

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	32	Baghouse dust from brass casting air pollution control system.	1533	D1008 D1007	519	T
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

Section XIII - Line #1 - Baghouse dust is sold for reclamation at a net positive gain.

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____

Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

T/A C

G	M	I	D	0	0	5	3	5	7	5	0	4	1	1
1	2										13	14	15	

X. FACILITY'S EPA I.D. NO.

F	M	I	D	0	9	1	6	0	5	9	7	2		
16												28		

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Gold Shield Solvent

XI. FACILITY ADDRESS

12886 Eaton Ave.
Detroit, Michigan 48227

XII. TRANSPORTATION SERVICES USED

Gold Shield Solvent - EPA ID No. MID 091605972.

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	32	1 Waste containing Trichlorethylene from brass & aluminum degreaser operation.	1 3 35 38 39 42 33 34 43 46 47 50 51	F 0 0 1	9 8 4 0	P 60
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

Secton XIII - Line #1 - Waste containing Trichlorethylene is sold for reclamation at a net positive gain.

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

T/A C

G	M	I	D	0	0	5	3	5	7	5	0	4	1	1
1	2										13	14	15	

X. FACILITY'S EPA I.D. NO.

F	S	C	D	0	4	6	5	0	3	1	3	2
16												28

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Stoller Mii

XI. FACILITY ADDRESS

 P. O. Box 489
 Revenel, SC 29470-0489

XII. TRANSPORTATION SERVICES USED

Grand Trunk R. R. EPA ID No. MIT 270010838.

XIII. WASTE IDENTIFICATION

Sequence #	# Line	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	32	1 Baghouse dust from brass casting air pollution control system.	1 5 33 34 43	D 0 0 8 D 0 0 7 35 38 39 42 D 0 0 6 46 47 50 51	1 8 1	T
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

 Section XIII - Line #1 - Baghouse dust is sold for reclamation
 at a net positive gain.

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

T/A C

G	M	I	D	0	0	5	3	5	7	5	0	4	1	1
1	2										13	14	15	

X. FACILITY'S EPA I.D. NO.

F	M	I	D	0	9	6	9	6	3	1	9	4		
16													28	

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Chem-Met Services, Inc.

XI. FACILITY ADDRESS

18550 Allen Road
Wyandotte, MI 48192

XII. TRANSPORTATION SERVICES USED

Chem-Met Services, Inc. EPA ID No. MID 096963194

Paul O. Sellars Co. EPA ID No. MID 980793350

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	32	1 Corrosive sulfuric acid, spent from brass and copper cleaning operation.	0, 2	D, 0, 0, 2 D, 0, 0, 8 35 38 39 42	5, 0	T
		2 Corrosive sludge, acid from brass & copper cleaning operation	0, 2	D, 0, 0, 2 D, 0, 0, 8 33 34 43 46 47 50 51	1, 1, 0, 0	P
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

T/A C

G	M	I	D	0	0	5	3	5	7	5	0	4	1	1
1	2										13	14	15	

X. FACILITY'S EPA I.D. NO.

F	M	I	D	0	9	8	0	1	1	9	9	2		
16												28		

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Nelson Industrial Services, Inc.

XI. FACILITY ADDRESS

12345 Schaefer Hwy.
Detroit, MI 48227

XII. TRANSPORTATION SERVICES USED

Nelson Industrial Services, Inc. - EPA ID No. MID 098011992.

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	1	Poison B - Waste sodium cyanide plating solution.	1 8	F 0 0 1 7 D 0 0 1 3 35 38 39 43 P 1 0 1 6 P 0 2 9 33 34 43 46 47 50 51	12 5 1 1 8	P 60
	2	Poison B - Plating tanks & piping contaminated with cyanide sludge	1 8	F 0 0 8	8 5 0	P
	3	Waste lead fluoborate solids.	1 4	D 0 0 8	3 6 5	P
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd:

Rec'd by:

VIII. GENERATOR'S EPA I.D. NO.

T/A C

G M I D 0 0 5 3 5 7 5 0 4 1 1
1 2 13 14 15

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Environmental Waste Control

X. FACILITY'S EPA I.D. NO.

F M I D 0 5 7 0 0 2 6 0 2
16 28

XI. FACILITY ADDRESS

27140 Princeton Ave.
Inkster, MI 48141

XII. TRANSPORTATION SERVICES USED

Great Lakes Environmental Services EPA ID No. MID 087478574

Environmental Waste Control EPA ID No. MID 057002602

Ray Molder, Inc. EPA ID No. MID 052042959

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	32	1 Spent vibratory cleaning compound for brass parts - contains water citric acid and soap.	1, 5	D 0 0 8 35 38 39 42 33 34 43 46 47 50 51	1 2 7 6 6	P
	2	Vibratory sludge from cleaning brass parts.	1, 5	D 0 0 8	3 5 0	P
	3	Waste containing grease, oil, water, dirt & metal fines from sumps.	1, 5	D 0 0 8	3 3 0 0	P
	4	Contact water & sludge from Casting Shop molds cooling system	1, 5	D 0 0 8	8 5	T
	5	Spent soap solution for drawing copper & brass tube shells.	1, 5	D 0 0 8	2 0 2 8 0	P
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

T/A C
 G M I D 0 0 5 3 5 7 5 0 4 11
 1 2 13 14 15

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

XI. FACILITY ADDRESS

X. FACILITY'S EPA I.D. NO.

F
 16 28

XII. TRANSPORTATION SERVICES USED

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	32	1 Waste Water Treatment Plant filter cake.	15 35	D 0 0 6 D 0 0 7	1 2	T
			33 34 43	D 0 0 8 46 47 50 51	59 60	
		2 Baghouse dust from brass casting air pollution control system	1, 5	D 0 0 8 D 0 0 7	1, 0	T
		3 Waste containing trichlorethylene from brass & aluminum degreaser operation.	1, 3	F 0 0 1	5, 0, 0	P
		4				
		5				
		6				
		7				
		8				
		9				
		10				
		11				
		12				

XIV. COMMENTS (enter information by section number—see instructions)

1983 Generated - Stored on-site less than 90 days as of December 31, 1983.